

In response to the COVID-19 pandemic and pursuant to the Minnesota Department of Health Best Practice Recommendations for COVID-19 Prevention in Schools for the 2021-22 School Year, universal indoor masking is required for all people in the school setting (ages 2 years and older), including teachers, students, and visitors to the school regardless of vaccination status.

To request a medical exemption to the face covering requirement, this form must be completed in full and returned to your child's building. This form will be evaluated by school officials including the District's School Nurse, the Special Education Director, and the Section 504 Coordinator. The District will contact the undersigned parent/guardian when a determination has been made or if additional or clarifying information is needed to further evaluate this request before a determination can be made.

Data Privacy Notice: The District is collecting the requested information to determine whether the student identified herein may be exempt from the District's face covering requirement. You are not required to provide the requested information; however, if you do not provide the requested information, your request for an exemption from the face covering requirement cannot be processed and the student must continue to abide by the face covering requirement. If you provide the information requested on this form, it will be reviewed by school officials whose input is necessary in order to consider the request and school officials who have a legitimate educational interest in the data.

Student's Name: _____ Grade: _____
 Date of Birth: ___/___/_____ School: _____

1. What is the medical condition that prevents the student from wearing a face covering?

2. Is the medical condition permanent? If not, what is the expected duration of the medical condition impacting the student's ability to wear a mask during the school day?

3. Are there specific activities that impact the student's ability to wear a mask during the school day?

By signing below, I hereby certify that the above statements and all information provided in connection with this Student Face Covering Medical Exemption/Accommodation Request are true and accurate. I further certify that I have read and understand the above Data Privacy Notice. I understand that the exemption requested above may not be granted. I also understand that the District may need to obtain additional information or clarification to further evaluate my request.

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Name: _____
 Contact Information: (Phone) _____ (Email) _____